

Critical Areas File #: _____

☐ Initial Determination - \$100☐ Subsequent Determination - \$50

Date Received: _____

Date Mailed to Applicant: _____

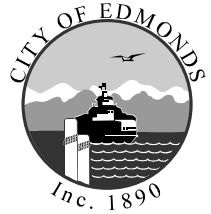
City of Edmonds

Development Services Department

Planning Division

Phone: 425.771.0220

www.edmondswa.gov

**CRITICAL AREAS CHECKLIST**

The purpose of this checklist is to enable City staff to determine whether any critical areas and/or buffers are located on or adjacent to the subject property. Critical areas, such as wetlands, streams and steep slopes, are ecologically sensitive or hazardous areas that are regulated to protect their functions and values. The City's critical area regulations are contained within Edmonds Community Development Code (ECDC) Chapters 23.40 through 23.90.

A property owner, or an authorized representative, must fill out the checklist, sign and date it, and submit it to the City. Staff will review the checklist, conduct a site visit, and make a determination of whether there are critical areas and/or critical area buffers on or near the site. If a "Critical Area Present" determination is issued, a report addressing the applicable critical area requirements of ECDC Chapters 23.40 through 23.90 may be required depending on the scope of the proposed activity.

Property Owner's Authorization

By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and grant my permission for the public officials and the staff of the City of Edmonds to enter the subject property for the purposes of inspection attendant to this application. The undersigned owner, and his/her/its heirs, and assigns, in consideration on the processing of the application agrees to release, indemnify, defend and hold the City of Edmonds harmless from any and all damages, including reasonable attorney's fees, arising from any action or infraction based in whole or part upon false, misleading, inaccurate or incomplete information furnished by the applicant, his/her/its agents or employees.

SIGNATURE OF OWNER _____ DATE _____

PLEASE PRINT CLEARLY**Owner:**

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone: _____

Email address: _____

Applicant/Agent:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone: _____

Email Address: _____

CA File No: _____

Critical Areas Checklist

Site Information

1. Site Address/Location: _____
2. Property Tax Account Number: _____
3. Approximate Site Size (acres or square feet): _____
4. Is this site currently developed? ☐ Yes ☐ No
If yes, how is the site developed? _____
5. Describe the general site topography. Check all that apply.
 - ☐ Flat to Rolling: No slope on/adjacent to the site or slopes generally less than 15% (a vertical rise of 10-feet over a horizontal distance of 66-feet).
 - ☐ Moderate: Slopes present on/adjacent to site of more than 15% and less than 40% (a vertical rise of 10-feet over a horizontal distance of 25 to 66-feet).
 - ☐ Steep: Slopes of greater than 40% present on/adjacent to site (a vertical rise of 10-feet over a horizontal distance of less than 25-feet).
6. Have there been landslides on or near the site in the past? ☐ Yes ☐ No
If yes, please describe: _____
7. Site contains areas of year-round standing water? ☐ Yes (approx. depth: _____) ☐ No
8. Site contains areas of seasonal standing water? ☐ Yes (approx. depth: _____) ☐ No
If yes, what season(s) of the year? _____
9. Site is in the floodway or floodplain of a water course? ☐ Floodway ☐ Floodplain
10. Site contains a creek or an area where water flows across the grounds surface? ☐ Yes ☐ No
If yes, are flows year-round or seasonal? ☐ Year-round ☐ Seasonal (time of year: _____)
11. Obvious wetland is present on site? ☐ Yes ☐ No

----- For City Staff Use Only -----

1. Zoning: _____
3. SCS mapped soil type(s): _____

3. Critical Areas inventory or C.A. map indicates Critical Area on site: _____

4. Site within designated North Edmonds Earth Subsidence and Landslide Hazard Area (ESHLA)? _____

DETERMINATION

_____ **CRITICAL AREAS PRESENT**

_____ **WAIVER**

Reviewed by: _____

Date: _____